

# **Caring For Previously Hospitalized Consumers: Progress and Challenges in Mental Health System Reform**

A presentation to the  
Joint Legislative Oversight Committee on Mental Health,  
Developmental Disabilities, and Substance Abuse Services

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## **Mental Health Services: Evaluation Purpose**

- **Examine mental health system services delivered since March 2006**
- **Provide an independent analysis of data**
- **Focus on previously hospitalized individuals**
- **Test the ability of reform to maintain individuals in the community**



## **Evaluation Team**

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**Pamela L. Taylor, Program Evaluation Statistician**

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## **Mental Health Services: Evaluation Overview**

- **Tenets of reform are on target, but improvements are still needed**
- **The Division of Mental Health, Developmental Disabilities and Substance Abuse should:**
  - **Develop individualized information systems to track services**
  - **Continue efforts to strengthen community-based services**

# Mental Health Services: Scope and Background

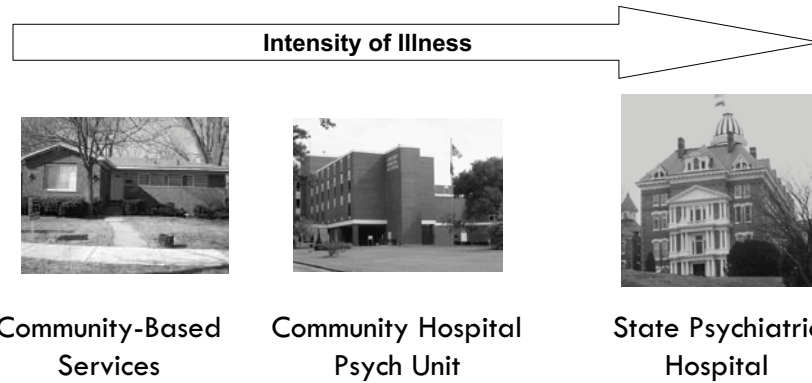


## Evaluation Scope

- **Examine services received since March 2006**
  - **Previously hospitalized individuals**
  - **More severely ill, high-risk consumers are likely more costly to serve**
  - **Important role of community-based services after discharge**
- **Address research questions**
  - **What outpatient and hospitalization services were received by previously hospitalized consumers?**
  - **What factors affected services received?**

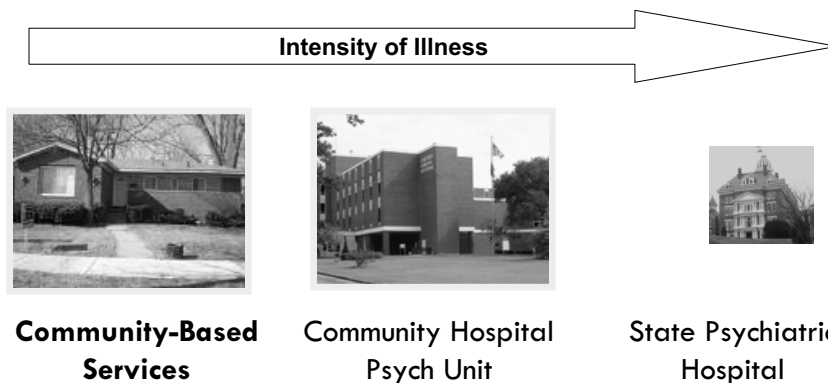
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## Background: Care for Individuals with Mental Illness



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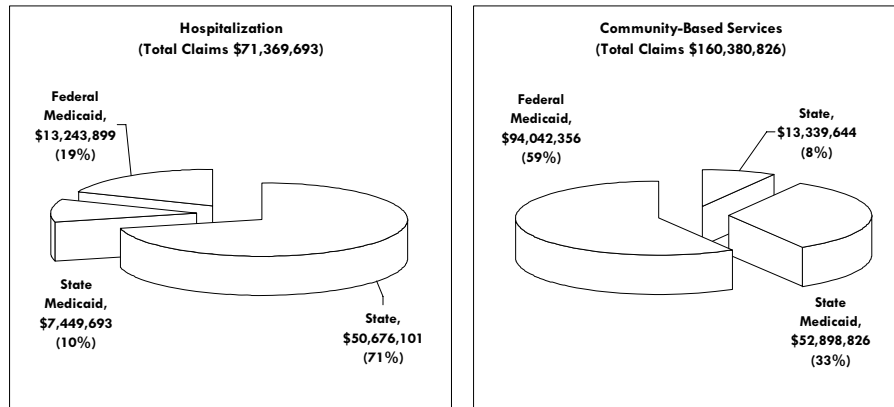
## Background: Care for Individuals with Mental Illness



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## Federal Funds Cover a Large Proportion of Community-Based Services

Evaluation Sample: Claims Paid in Calendar Year 2007



**Note: Medicaid costs based on assumption of 36% state share in Calendar Year 2007**



## Background: Assumptions Based on Goals of System Reform

*Hospitalization rates should reflect...*

1. Low rehospitalization overall.
2. Relatively longer stays (of more than a week) in state hospitals.



## **Background: Assumptions Based on Goals of System Reform**

### ***Community-based services should...***

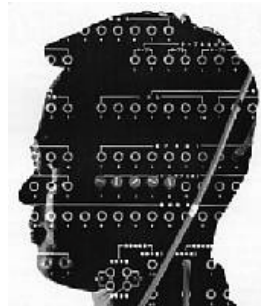
- 1. Be more accessible after discharge from community hospitals.**
- 2. Be linked to less rehospitalization.**
- 3. Include high-intensity care.**
- 4. Be available in each Local Management Entity's catchment area.**

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## **Evaluation Method: Data Sources**

- 1. Medicaid and state electronic claims data**
- 2. Survey of Local Management Entities administrators (N = 24)**



## Evaluation Method: Sample

Calendar Year 2006

Sampling Criterion:  
1 or more hospitalizations

### Four facility types

- State psychiatric hospitals
- State Alcohol & Drug Addiction Treatment Centers (ADATCs)
- Private psychiatric hospitals
- Community hospital psychiatric units

## Evaluation Method: Sample

Calendar Year 2006

Sampling Criterion:  
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Calendar Year 2007

Outcomes:  
Services received

### Outcomes

- Rehospitalization
- Community-Based Outpatient Services

## Evaluation Method: Sample

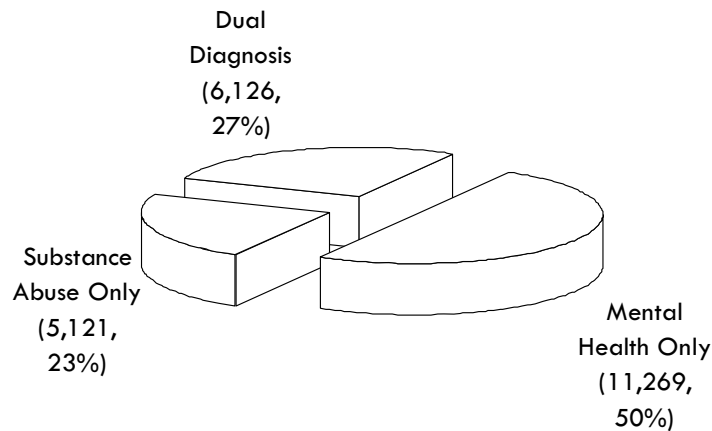
**22,516 previously hospitalized consumers  
with mental health and/or substance abuse  
disorders**

- **7% of total served in 2006**
- **22% children under 21 years of age**
- **60% White, 35% Black**
- **Similar to total served except fewer children**

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## Evaluation Sample: Diagnoses



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## Mental Health Services: Findings



## Findings: Hospitalization

### ***Assumption: Reduced rates of rehospitalization***

- 👍 **21 % were rehospitalized in 2007**
- **Consumers who had multiple 2006 hospitalizations were more likely to be rehospitalized in 2007**



## Findings: Hospitalization

***Assumption: State psychiatric hospitals reserved for consumers who need longer stays***

- 👍 Short stays of a week or less were common in state hospitals
- In this sample, 42% of rehospitalizations of a week or less were state hospitals



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## Findings: Community-Based Services

***Assumption: Community-based services should be more accessible after discharge from community hospitals***

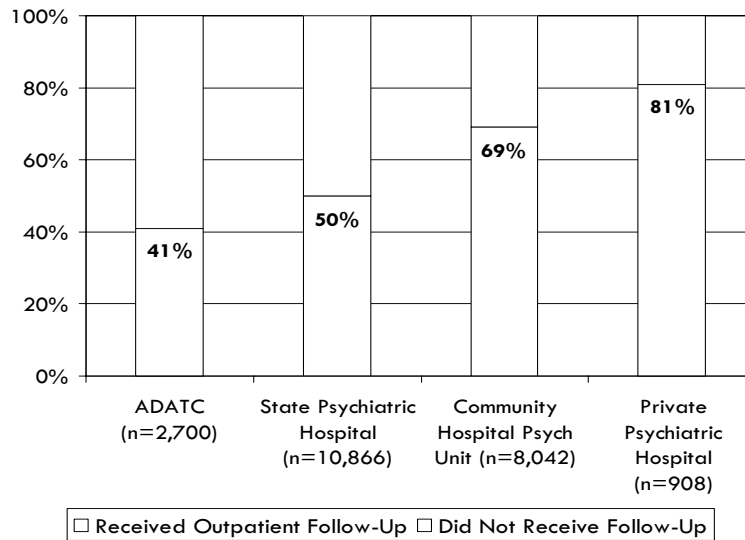
- 👍 There was better follow-up after discharge from community hospitals (69%)
- However, only half of those discharged from state hospitals got follow-up



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## Findings: Community-Based Services



## Findings: Community-Based Services

***Assumption: Community-based services linked to reduced hospitalization***

 Those who got outpatient services were more likely to be rehospitalized

- However, only half of consumers with a history of one hospitalization received follow-up services



## Findings: Community-Based Services

### ***Assumption: High-intensity services for high-risk consumers***



**Most services received were low intensity**

- Low-intensity services were far more frequent than high-intensity
- Just over one-half (54%) saw a psychiatrist



*Report pp 14-16, 17-21*



## Findings: Community-Based Services

### ***Assumption: Services should be available in each Local Management Entity***



**LMEs still struggled to serve high-need consumers**

- Insufficient crisis services
- Shortage of substance abuse treatment
- Only five LME administrators reported sufficient access to psychiatric services



# Mental Health Services: Recommendations



## Recommendation 1. Pursue electronic health records to track individuals across facilities and service providers

- **Electronic Health Records**

- **Better tracking of  
individual-level care**
- **More complete  
system data**



*Report pp 21-22*

## **Recommendation 2. Continue to focus on increasing capacity and quality of community-based services**

- **More access to high-intensity services, especially crisis**
- **More beds in community hospitals**
- **Need better follow-up**
  - **Discharges from state facilities**
  - **Consumers who may be relatively less severely ill (history of one vs. multiple hospitalizations)**

*Report pp 22-23*



## **Mental Health Services: Summary**

- **The tenets of reform appear on track**
- **The Division concurs with recommendations**
- **There is still a need for:**
  - **Individualized data**
  - **Wider access to services, especially crisis**
  - **More attention to follow-up:**
    - **Discharges from state facilities**
    - **For *all* consumers**





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*Full Report & Presentation available at*  
**<http://www.ncleg.net/PED/Reports/Topics/Health.html>**

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Program Evaluation Division



North Carolina General Assembly